(312) 782-0600

Direct Dial System: (312) 701-8593

Telefax: (312) 701-7711

Mail Stop: Patent Application Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

PATENT Attorney Docket No.: 04236905

CERTIFICATE OF MAILING BY "EXPRESS MAIL" "EXPRESS MAIL" mailing label No. EL 989704609 US

Date of Deposit: February 27, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" under 37

CFR § 1.10 on the date indicated above and is addressed to:

Mail Stop: Patent Application Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

By Timothy Hubali

Signature of Person Mailing Papers

Transmitted herewith for filing in the U.S. Patent and Trademark Office is the patent application of inventor Andrew F. Nowak of LaGrange Park, Illinois, entitled Gift and Method of Providing Same. Applicant claims small entity status in accordance with 37 CFR § 1.27.

## Enclosed are:

- 1. 14 text pages of specification, including 22 claims, and an Abstract. [X]
- 2. Drawings - 1 sheet, including Figures 1-6. [X]
- 3. A Recordation Form for Assignment; [X]
- 4. [X] Executed Assignment;
- 5. Executed Declaration and Power of Attorney. [X]
- The filing fee is calculated on the basis of the claims existing in the application at 1 6. [X] above.

|   |           | Claims as File<br>Claims Canceled |              | nt    |    |                              |           |
|---|-----------|-----------------------------------|--------------|-------|----|------------------------------|-----------|
| -   | (Col. 1)  | (Col. 2)                          | SMALL ENTITY |       |    | OTHER THAN A<br>SMALL ENTITY |           |
| FOR:  | NO. FILED | NO. EXTRA                         | RATE         | FEE   |    | RATE                         | FEE       |
| BASIC FEE   | XXXXXXX   | XXXXXXX                           | XXXX         | \$385 | or | XXXX                         | \$ 770.00 |
| TOTAL CLAIMS  | 22 - 20 = | 2                                 | x9=          | \$ 18 | or | x18=                         | \$ -      |
| INDEP CLAIMS  | 1 - 3=    | 0                                 | x43=         | \$ 0  | or | x86=                         | \$ -      |
| [ ] MULTIPLE DEPENDENT CLAIM PRESENTED                              |           |                                   | +145=        | \$ 0  | or | +290=                        | \$ -      |
| If the difference in Col. 1 is less than zero, enter "0" in Col. 2. |           |                                   | TOTAL        | \$403 |    | TOTAL                        | \$ 0.00   |

7. A check in the amount of \$443.00 to cover the filing fee for this application (\$403.00) [X]and the Assignment Recordation (\$40.00). If there are any additional fees due in connection with the filing of this application, please charge the additional fees to our Deposit Account No. 13-0019.

- 8. [X] An Information Disclosure Statement with Form 1449 and copies of the prior art references listed thereon.
- 9. [X] A Return Postcard for the PTO to acknowledge receipt of this filing.
- 10. [X] The Commissioner is hereby authorized to charge payment of required fees during the pendency of this application or credit any overpayment to deposit Account No. 13-0019. A duplicate copy of this sheet is attached.

Please address all telephone calls to <u>David M. Thimmig</u> at telephone number (312) 701-8593 and address all correspondence to:

David M. Thimmig MAYER, BROWN, ROWE & MAW LLP P.O. Box 2828 Chicago, Illinois 60690-2828

Respectfully submitted,

Dated: February 27, 2004

David M. Thimmig, Reg. No. 36,034

Customer No. 26565 MAYER BROWN ROWE & MAW LLP P. O. BOX 2828 CHICAGO, ILLINOIS 60690-2828 (312) 701-8593